

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/890282

**CLAIMS**

|        | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|--------|----------|------|------------------------|------|------------------------|------|
|        | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
| 1      |          |      |                        |      |                        |      |
| 2      |          |      |                        |      |                        |      |
| 3      |          |      |                        |      |                        |      |
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| 49     |          |      |                        |      |                        |      |
| 50     |          |      |                        |      |                        |      |
| TOTAL  |          |      |                        |      |                        |      |
| TOTAL  |          |      |                        |      |                        |      |
| TOTAL  |          |      |                        |      |                        |      |
| CLAIMS |          |      |                        |      |                        |      |

|        | IND. |      | DEP. |      | IND. |      | DEP. |      |
|--------|------|------|------|------|------|------|------|------|
|        | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51     |      |      |      |      |      |      |      |      |
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| 90     |      |      |      |      |      |      |      |      |
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| TOTAL  |      |      |      |      |      |      |      |      |
| IND.   |      |      |      |      |      |      |      |      |
| DEP.   |      |      |      |      |      |      |      |      |
| TOTAL  |      |      |      |      |      |      |      |      |
| CLAIMS |      |      |      |      |      |      |      |      |